## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2014 FORM APPROVED OMB NO. 0938-0391

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	455405					₹
		B. WING _			03/28/2014	
NAME OF PROVIDER OR SUPPLIER						
LAKELAND REHABILITATION AND HEALTHCARE CENTER			505	5 W 4TH ST		
			MII	MILFORD, IN 46542		
X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	X (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
INITIAL COMMENTS		{F 000}				
(PSR) to the Recertiff Survey completed on Review Date : March Facility Number: 0004 Provider Number: 15 AIM Number: 100291	ication and State Licensure March 13, 2014.  28, 2014  491 5495					
was found to be in co 483, Subpart B and 4 Paper Compliance R	ompliance with 42 CFR Part 110 IAC 16.2, in regard to the eview to the PSR to the					
	ROVIDER OR SUPPLIER  D REHABILITATION ANI  SUMMARY ST (EACH DEFICIENCE REGULATORY OR  INITIAL COMMENTS  Paper Compliance to (PSR) to the Recertif Survey completed on Review Date: March  Facility Number: 000- Provider Number: 15 AIM Number: 100291  Surveyor: Brenda Me  Lakeland Rehabilitati was found to be in co 483, Subpart B and 4 Paper Compliance R	TIDENTIFICATION NUMBER:  155495  ROVIDER OR SUPPLIER  D REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IDENTIFICATION NUMBER:  A. BUILDII  155495  B. WING_ ROVIDER OR SUPPLIER  D REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  Paper Compliance to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on March 13, 2014.  Review Date: March 28, 2014  Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230  Surveyor: Brenda Meredith, R.N.  Lakeland Rehabilitation and Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the PSR to the	TORRECTION  IDENTIFICATION NUMBER:  A. BUILDING B. WING  STIFE  ROVIDER OR SUPPLIER  D REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  Paper Compliance to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on March 13, 2014.  Review Date: March 28, 2014  Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230  Surveyor: Brenda Meredith, R.N.  Lakeland Rehabilitation and Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the PSR to the	A BUILDING  155495  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 505 W 4TH ST MILFORD, IN 46542  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  Paper Compliance to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on March 13, 2014.  Review Date: March 28, 2014  Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230  Surveyor: Brenda Meredith, R.N.  Lakeland Rehabilitation and Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the PSR to the	TIDENTIFICATION NUMBER:  155495  ROVIDER OR SUPPLIER  D REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR EXAMPLE AND THE PROPRIATE DEFICIENCY  INITIAL COMMENTS  Paper Compliance to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on March 13, 2014.  Review Date: March 28, 2014  Facility Number: 100291230  Surveyor: Brenda Meredith, R.N.  Lakeland Rehabilitation and Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the PSR to the

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE